


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>(Large Entity)</b>					Docket No. <b>BUR920010223US2</b>	
In Re Application Of: <b>Brown, et al.</b>						
Application No. <b>10/733671</b>	Filing Date <b>11-Dec-2003</b>	Examiner <b>David Nba</b>	Customer No. <b>24,241</b>	Group Art Unit <b>2818</b>	Confirmation No. <b>8997</b>	
Invention: <b>DRAM CELL WITH ENHANCED SELF IMMUNITY</b>						
Fee Only						
<b><u>COMMISSIONER FOR PATENTS:</u></b>						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>04/29/2004</u> in the above-identified application. <span style="margin-left: 100px;"><small>Date</small></span>						
The requested extension is as follows (check time period desired):						
<input checked="" type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months						
from: <u>07/29/2004</u> until: <u>08/29/2004</u> <span style="margin-left: 100px;"><small>Date</small></span> <span style="margin-left: 100px;"><small>Date</small></span>						
The fee for the extension of time is \$110 and is to be paid as follows:						
<input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 09-0456 <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 09-0456						
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">   <small>Signature</small>  <b>Robert A. Walsh, Reg. #26,516</b>  <b>International Business Machines Corporation</b>  <b>IPLAW</b>  <b>1000 River St., 972 E</b>  <b>Essex Junction, VT 05452</b>  <b>802-769-9521</b> </div> <div style="width: 40%; text-align: right;"> Dated: <u>8/25/2004</u> </div> </div>						
cc:				<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em;">I certify that this document and fee is being deposited on 8-25-04 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="text-align: center; font-family: cursive; font-size: 1.2em;">Deborah S. Drury</p> <p style="text-align: center; font-size: 0.8em;">Signature of Person Mailing Correspondence</p> <p style="text-align: center; font-weight: bold;">Deborah S. Drury</p> <p style="text-align: center; font-size: 0.8em;">Typed or Printed Name of Person Mailing Correspondence</p> </div>		

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

BUR920010223US1

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	4	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	4 minus 20 = *	0
INDEPENDENT CLAIMS	1 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	770

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 4	Minus ** 20	=
Independent	* 1	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 4	Minus ** 20	=
Independent	* 1	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.